MAP - 22 (09/2016)

Commonwealth of Kentucky Cabinet for Health and Family Services Department for Medicaid Services

MEDICAID CHANGE OF ADDRESS

	011/11/02 01 /	ND NESS	
Today's Date:			
Name of person repor			
Phone number of pers			
Case name (first, mide	dle, last & suffix)		
(Medicaid Case Numb	per or Social Security Number)		
WHEN DID YOUR MAI	LING ADDRESS CHANGE:		
New Mailing Address:	Street		Apt. #
City	State	Zip Code	County
Home address:			
	Street		Apt. #
City	State	Zip Code	County
of my knowledge. I gi understand that if I gi coverage, I will be sub pay back the cost of m		essary contacts to prove no information in order to ge federal law, state law, or	ny statement. I t or keep medical both, and I may have to
•	to the Centralized Mail Center a ox 2104 Frankfort, KY 40601	t 1-502-573-2005 or send	I by US postal service to:

Reminder: If you have additional changes to report in your household situation log into the Self-Service Portal at https://kynect.ky.gov/ or call kynect at 1-855-459-6328 or DCBS at 1-855-306-8959. You may also visit a Department for Community Based Services (DCBS) office. To find a DCBS office near you go

to https://prd.chfs.ky.gov/Office Phone/index.aspx.